MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08381

CERTIFICATE OF DEATH

0838274 Reg. Dist. No.

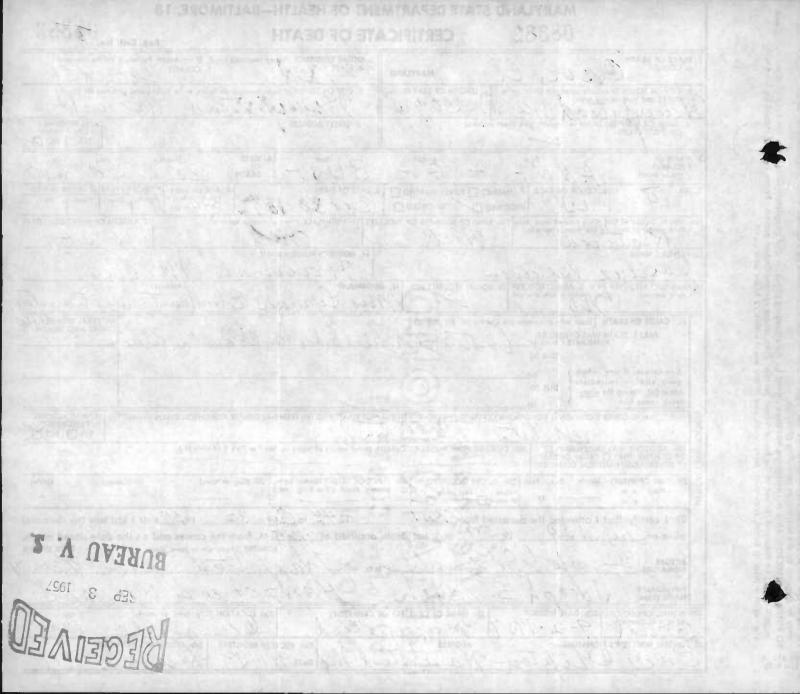
1. PLACE OF DEATH o. COUNTY Carroll	MARYL	- 16	2. USUAL RESIDENCE (Who a. STATE Mary	land	l lived. If institution b. COUNTY		o before ad	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Sykesville	Lyes. 8mos.		c. CITY OR TOWN (IF or Balti	more	07	JRAL ond gi	ve nearest t	lown)
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION Springfield State He	ive street oddress) ospital		d. STREET ADDRESS 5629 Ore	gon A	venue		0	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print) Evelyn	Margaret Summer	rs	BARNHART	4. DATE OF DEATH	August		Doy 19,	Yeor 19 57
	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	_	July 7, 190		9. AGE (In years lost birthday) 49 yrs.		YEAR IF U	NDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Housewife	ione 10b. KIND OF BUSINESS OR	INDUSTI	11. BIRTHPLACE (Stone of Marylan		ountry)		U.S.A	AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
William Summers			Ellen O'D	ay				
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (It yes, give wor or dates of see	CES? 16. SOCIAL SECURITY NO.	17. INF	Springfield	Hospi	tal Recor			
18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Canataona of	the	cervix with	metas	tasis			BETWEEN ND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONE Manic depressive: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTIN	DITIONS CONTRIBUTING TO DEAT			NAL DISEASE	CONDITION GIVI	EN IN PART	PE	AS AUTOPSY RFORMED?
	20b. DESCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in Po	ort I or Port	11 of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19	20d. INJURY OCCURRED While Not while at work at work	20e. PLAC facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify that I attended the alive an August 18. ACTUAL SIGNATURE WARMS HERE			ccurred at 3:15A	M, fram	the causes a reet, city or town, s	nd an the		
PHYSICIAN'S Walther H.	Sonnenfeldt, M.1	D.	Sykesvill	le, Ma	ryland		~~~~	
220. BURIAL CREMATION, 226. DATE THEREOF	57 Mesden	TERY OR	REMATORY BYL	22d. LOCAT	ON (City, town, o	r county)	5	Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Twley Frence Nom	ie-Catorwall	im	of ADATE I	2 I IS	15 7 24b. REGIS	TRAR'S SIGN	NATURE MAN	Heers

TO FUNER VS A15 (4) 15M 9/SS

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A	may be recained by the haspital or attending physician.	irector,	page 3 special be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d. 2 shauld be filed with	1	-
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ORA	ed b	IREC	d be	the registrar priar ta burial, crematian, or remaval, and in any event within 72 hours after death.	
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VS A1S (4) 15M 9/SS

It	0838	3		CERTIFIC	ATE OF				Reg. Dist.	08:	384
1.	PLACE OF DEATH a. COUNTY Carr			MARYLAND	2. USUAL RESI	DENCE (Where	-	d. If institutio b. COUNTY	_	before odm	
	b. CITY OR TOWN (If RURAL and give ned Sykesvil	le	2	mos 19 day		Baltin	ide carporate NOPE	limits, write RL	VO/	e nearest to	wn)
	d. NAME OF HOSPITA OF HOSPITA Springia	AL (If not in hospital, g	Hospita	al.	3008		ay Driv	е		ON	A FARM?
	NAME OF DECEASED (Type or print)	Ant	hony	Nicklas	CAREL		OF DEATH	Aug		Doy 5	Year 1957
5.	Male Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRT		7 8. 6	GE (In years est birthday) O yrs.	Months Do	rEAR IF UN ays Haur	
1	during most of works Meat packet FATHER'S NAME	no life even if cetired	done 10b. KIND	- UME	G	reece		r)		known	AT COUNTRY
	Unlatown WAS DECEASED EVER	Nicholas				Unknown		ristin			
Ye		t yes, give wor or dates of si		71 /-	Springfie	ld Hosp	oital R		•>>		
		mediate	Acute	e myocardia coronary					Hour		D DEATH
	cause (a), stating t lying cause last.	he under- DUE TO	Arte	rioscleroti							ars
CERTIFICATION	reaction.			RIBUTING TO DEATH B					EN IN PART 1	(a) 19. WA PERI YES [S AUTOPSY FORMED?
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature o	f injury in Par	t I or Port II o	Fitem 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	While	Y OCCURRED 20e. Not while of work	PLACE OF INJURY I factory, street, offic	Home, form, bldg., etc.)	20f. (City ar to	own)	(Cou	unty)	(Stote)
	alive on Aug	at I attended the	deceased f	rom May 16,		1:55P	M, fram the DRESS (Street,	e causes a	nd an the	date sta	
	PHYSICIAN'S NAME (Type)	gustin del	Campo	- Chimpo	M.D. Spri		d State , Maryl		tal	(8/5/57
	a. BURIAL, CREMATION	V. 226. DATE THEREC	OF 22c	NAME OF CEMETERY	OR GREWINGERY	27	2d. LOCATION	(City town, o	r county)	, (St	alph
220	SEMOVAL (Specify)	8-9-3	7 0	Greek Or	Thodory		Buc	luno	u,	nea	V.

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

DATE 3-22-57 Robert K. Hewitt.

	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE			ce before admis	ssion)
	a. EDUNIT Carroll	MARYLAND	Man	y land	Car Car	rroll	
	b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town)	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	If outside corporate lim	nits, write RURAL and g	ive nearest law	vn) ·
	Woodbing	2/2 yrs,	1 × 2 W	oodbir	ne		
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RE	SIDENCE
	OK INSTITUTION		1 wood	bine Heis	lite		A FARM?
3.	NAME OF First	Middle	last	4. DATE	11-1		
	DECEASED	Oral		OF DEATH A	Month	Day	Year
	O direct		B. DATE OF BIRTH	11	US OS E	1 YEAR IF UND	195 /
	Male Lilita	RIED NEVER MARRIED	701. 2 100	lost	for attack and a second	Days Hours	
10	WIDOW!		1 tep 3,188	1 70	O yrs.		
TUG	 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) 	KIND OF BUSINESS OR INI			12. CITI	IZEN OF WHA	T COUNTRY
	Farmen	tarm	Tenn	essee		u.S,	
13.	FATHER'S NAME		14. MOTHER'S MAIDE	A	1		
	Charles Co,	pe	走.	nosa S	tarnes		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address		
1.4	(If yes, give war or dates of service)	19-20-2055	MVS,J	O. Core	woodb	ing 1	Mds.
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				I INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY:	eticulum	Cell Sare	oma		ONSET AND	11
	IMMEDIATE CAUSE (o) 1	og.og igne		J. A.		6 M	ouths
	9,00,0						
	Conditions, if any, which gave rise to immediate (b)						
	cause (a), stoting the under-					17 TO 18	
7	lying cause last. (c)						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	I(o) 19. WAS	AUTOPSY ORMED?
2							NOM
CERTIFI	LOR CONTRIBUTING [] CAUSE OF DEATH I	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Part II of it	lem 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
WEDICAL			PLACE OF INJURY (Home, for factory, street, office bldg.,	orm. 20f. (City or tow	n) (C	ounty)	(State)
MEC	Hour a. jr. p. m. 19 While at work		rociory, sincer, othice blog.,	ic.,			
	21. I certify that I attended the decease	ad from	45 TO 10		1057 11 111		I .
	alive on June 195		th occurred at 93	0	, 1957, that I l	ast saw the	deceased
	dive on 120	, and that dea	in occurred at				
	ACTUAL /ILR (116	1,1000		ADDRESS (Street, cit	y or lown, store)	1 1	ATE SIGNED
	SIGNATURE CO. J. COLE	meex	_ M.D	nount A	-114 + 146	1. A4	1921,19
	PHYSICIAN'S W.B. LU/	well					
220	BURIAL, CREMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY	OPEREMPRORY	22d. LOCATION (C	ity, town, or county)	(Sto	(e)
	BURIAL 8-24-1957	Liberty B	Baptist	Lisbon.		Co. Md	•
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRAR'S SIG		
	C. M. Waltz. Winf	ield, Maryl		W-99-57	P-1. Fr	011	14

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VS A15 (4)

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ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

08386 CERTIFICATE OF DEATH

Reg. Dist. No.

B. C. CITY OR TOWN (If outside corporate limits, write RURAL and give necest lown) Sylesyille d. NAME OF CHOSPITAL (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital), give street address) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital) Spring field State Hespital 3. NAME OF CHAPTER (If not in hospital) MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED STATE (In the state of the stat	1.	PLACE OF DEATH o. COUNTY			MARY		O. STATE		d lived. If instituti b. COUNTY		1	odmissi /-/	
Sykesyille d. NAME OF HOSPITAL (If not in hospitol. give tirret oddress) d. NAME OF HOSPITAL (If not in hospitol. give tirret oddress) Syming field State Hespital J. NAME OF DECEASE (Type or print) S. SEX G. COLOR OR RACE AMARIED NIDOWED DIVORCED DIVORCED		b. CITY OF TOWN THE	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16			rote limits, write A	URAL ond g	ive neare	st town)
d. NAME OF HOSPITAL (I) not in hospital, give treat address) OR INSTITUTION Springfield State Hespital 3. NAME OF HOSPITAL (I) not in hospital, give treat address) OR INSTITUTION Springfield State Hespital 3. NAME OF HOSPITAL (I) not in hospital give treat address OR NAME OF HOSPITAL (I) not in hospital give treat Hespital 3. NAME OF HOSPITAL (I) not in hospital give treat hospital 3. NAME OF HOSPITAL (II) not in hospital OR First OR A FARM (I) per print) 3. NAME OF FIRST ROBERT 4. DATE OF BERTH OPACE (II) per print) 5. SEX 6. COLOR OR RACE (7. MARRIED NEVER					18 m-s		X/ Sykes	sville					
Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 82 Spring field State Hespital Gaither Rd, box 83 Spring field State Hespital Gaither Rd, box 84 Spring field State Hespital Gaither		d. NAME OF HOSPITA		live street	oddress)						e.	IS RESI	DENCE
3. NAME OF DECEASED Robert Charles COURSEY 5. SEX 6. COLOR OR RACE The WIDOWED ST DIVORCED 100. USUAL OCCUPATION (Give kind of work done) during most downship life, even if relired) 12. CHIZEN OF WHAT COUNTER'S NAME R. Henry COURSEY 13. VATHER'S NAME R. Henry COURSEY 14. MOTHER'S NAME R. Henry COURSEY 15. SEX Maryland 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PRATI. DEATH WAS CAUSED BY, MARY (B) Bronchomeumonia gove rise to immediate by (c) Part II. O'HER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SUNDED PART I. DEATH WAS CAUSED BY, (c) COMBINE IN O'HER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SUNDED TO SEE SOCIAL SECURITY NO. PART II. O'HER'S SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SUNDED TO SEE SOCIAL SECURITY NO. PART I. DEATH WAS CAUSED BY, (c) CONSIDERATION, which gove rise to immediate by the color of the color o			ield State	Hasp	ital		Gaither	Rd.box	82				
Robert Charles COURSEY Death August 11 1957	3.	NAME OF								ith	Day	Υ	'eor
DIVORCED 10-3-70 10 is birthdoy) Months Doys Hours Mind Ros Ro			Rebert		Charles	C	OURSEY	DEATH	August	34	11	- 1	957
DIO GUSTATION (Give kind of werk done) DIO BUSINESS OF INDUSTRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. VATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. VATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cours per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Heart failure arterios clerotic heart disease DIVERTION DUE TO Conditions, if only, which gove rise to immediate course (o). Intelligate winder Due TO Due TO Due TO Due TO Due TO Conditions of the winder Due TO Due TO Due TO Conditions of the winder Due TO Due TO Conditions of the winder Due TO Du	5.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	ED 8.	DATE OF BIRTH		9. AGE (In years			-	
Targer 13 YATHER'S NAME R. Henry COURSEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Springfield State Hospital, Sykesville, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse per line for (o). (b). ond (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SOCIAL TO THE TERMIN		male	wb.	WIDOWI	DIVORCE		10-3-70			Months	Doys	Hours	Min.
SATHER'S NAME	10	o. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	Y 11. BIRTHPLACE (State or foreign o	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
13 YATHER'S NAME R. Henry COURSEY R. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO Springfield State Hospital, Sykesyille, Md. 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY. Heart failure, arterios clerotic heart disease 10. 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).] PART II. DEATH WAS CAUSED BY. Heart failure, arterios clerotic heart disease 10. 20. Conditions, if one, which (b) Bronchomeumonia (c) dehydration Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HASS VINCE TO THE TERMINATE			ng lire, even it refired	16	miculti	une	Maryl	and			U.S.	A.	
No Secretario Secretario No Secretario No No Secretario No No No No No No No	13.		4	-			14. MOTHER'S MAIL	DEN NAME					
MAS DECRASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c).		R. Henm	COURSEY				Roganne	e Temon					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure arterios clerotic heart disease DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. 44 / 1/X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SOCIAL TOP WAS AUTOP (c) CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile brain diseased NO CBS, associated with disturbance of metabolism, with senile	13	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN		Caomon	Add	ress			
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: Heart failure, arterios clerotic heart disease 10 years 10 years 10 years 10	(11		t yes, give war or dates of s	ervice	no	Sm	ningfield	State H	ognital .	Sylvas	w117	a . 1	Ma.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure arterios clerotic heart disease To years DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. 49/x (c) CBS, associated with disturbance of metabolism, with senile brain disease no Reference or Constitution Contributions contributions contributions on the terminal that senile brain diseased no Recontributions Contributions Contributions on the disturbance of metabolism, with senile brain diseased no Recontributions Contributions Contributio	F		H [Enter only one co	use per li			111211616	Liua da II	on product	- CJ ACOM	INTER	VAL BE	TWEEN
DUE TO Conditions, if ony, which gove rise to immediate course (o), stoling the under-lying course lost. 491x Part II. Other Significant Conditions Contributing to Death But not related to the terminal that specificated with disturbance of metabolism, with senile brain diseased no performed or CRS, associated with disturbance of metabolism, with senile brain diseased no or Contributing Cause for Death (if Either, Notified ingle) Cause for Death (if Either, Notified ingle) Cause for Death (if Either, Notify Medical Examiner) 20c. Time of Injury Month, Doy, Year 20d. Injury occurred while alwork of work of work of work of work or many of the course of injury in Port I or Port II of item 18.) 21. I certify that I attended the deceased from 19. The August 19. T		PART I. DEAT	H WAS CAUSED BY:			4	ant and or o'	lemotic	hannt die				
Conditions, if ony, which gove rise to immediate couse (c), stoling the under lying couse lost up of the terminal to the significant conditions contributing to death but not related to the terminal thas sometimes and on the disturbance of metabolism, with senile brain diseased no contributing contributing to death but not related to the terminal thas sometimes than the performed to the terminal thas sometimes and the senile brain diseased no contributing cause of death life either, notify medical examiners and the disturbance of metabolism, with senile brain diseased no contributing cause of death life either, notify medical examiners and the disturbance of metabolism, with senile brain diseased no contributing in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While norm 19 of work of colory, street, office bidg., etc.) of foctory, street, office bidg., etc.) of colory, street, office bidg., etc.) of colory street, office bidg., etc.) of colo		1 1 0			neare lail	are ,	ar car tos c	TOLOGIC	Hear Car	10030	10		
gove rise to immediate couse (a), stoling the under lying couse lost. 4 91 x (c) dehydration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PHASE SOUTH OF THE PERFORMENT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PHASE SOUTH OF THE PERFORMENT CONTRIBUTIONS CONTRIBUTI			ar architect A		Rusnaharma)	n e	ers
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE HAS SOUTH THE THE THE WAS AUTOPERRORED. CBS, associated with disturbance of metabolism, with senile brain disease No. 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work to work			mediate	-	DI OUCUO ME	amonia	A				-		
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 21. I certify that I attended the deceased from. I=21=56 , 19 , to August , 19 57, that I last saw the decease alive on August , 19 57 , and that death occurred at 9:30 PM, from the causes and on the date stated ab Address (Street, city or town, stote) ACTUAL SIGNATURE	5	20- ACCIDENT WAS								rain o	1sea	2.67	NO NO
21. I certify that I attended the deceased from I=21=56 , 19 , to August			CAUSE OF DEATH	200. DES	CKIBE HOW INJURY O	CCURRED.	(chiel notifie of injul	ry in ron tor ro	r ii oi nem 10.)				
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220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City. towns or county) (Stole) BURIAL (Specific 8-14-57 MC Kindle Looksville Havely 4)			Martin Gr	ross,	M. D.		Sykosu	ille.Wd					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS . 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	22		8- 1H-	57	Me 2	EJERY OR			TION (City, towns	of gounty)	Here	(Stote	y you
Luther A. Holgh Sykosurile. M. Date 8 /2/57 / Herry Telle	23	FUNERAL DIRECTOR'S	SIGNATURE HOLD	er	ADDRESS SUKO NITE	lle	MA	1110	TRAR 24b. REGI	STRAR'S SIC	SNATURE	reli	w

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 16

CERTIFICATE OF DEATH

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
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CERTIFICATE OF DEATH

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o. COUNTY Carr			MARY	LAND	2. USUAL RESIDENCE (WOOD STATE Marvl:		b. COUNTY		more	
b. CITY OR TOWN	V (If autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside carpo	rote limits, write R			
RURAL and give			25 days					9		V
d. NAME OF HOS	SPITAL (If not in hospital, o	jive street	the second second		d. STREET ADDRESS	LJ Ma		PYOI	e. IS F	RESIDENCE A FARM?
Springfie	ld State Hos	pita	1		1514 N. Reg	ester .	Avenue			□ NO D
3. NAME OF DECEASED (Type or print)	Fir Georg	st	Middle Thom	25	Lost Curtis	4. DATE OF DEATH	Mon 8	th	Day 37	Year 1957
5. SEX			RIED NEVER MARRIE		8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	IDER 24 HRS.
M	W	WIDOW	777	_	unknown		last birthday) 65 ? yrs.		Days Hou	
10a. USUAL OCCUPA	TION (Give kind of work	done 10b.	_	R INDU	STRY 11. BIRTHPLACE (State	ar fareian co		12 CITIZ	EN OF WH	AT COUNTR
carpe:	vorking life, even it refired	1	lome Const						S.A.	AT COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Levi Curtis				Annie	Brueh	£			
15. WAS DECEASED E	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addi	ress		
no	(ir yes, give war or dates or i	2:	16-05-0938	5.5	.Hospital Re	cords				
	DEATH [Enter only one co		ne for (o), (b), and (c).]						INTERVAL	BETWEEN
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Arte	eriosclerot	ic 1	neart disease				year:	ND DEATH
420.0										
Conditions, if	fany, which) (b									
gove rise to	immediate (-
tying cause la	ng the under-									
Z 2/APART II. C			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY
Involu	tiona psycho	tic :	reaction, D	iab	etes mellitu			EIA IIA LOKI	PER	FORMED?
	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF INJ	IURY Month, Day, Yes	or 20d. I	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, form	20f. (City	or town)	(Co	uniy)	(Stote)
p. n	10		k ot work							
21. I certify	that I attended the	deceas	ed fram 8-6-		, 19.57_, ta	8	-31-, 1957	that I la	et cow th	e deceas
alive on	8-37-	195"			occurred at 1:30	PAA from	the course of	.,	d-44-	e deceus
	, ,	-	, and mar	acum			reet, city or town,			DATE SIGN
ACTUAL SIGNATURE	drucered.	Lu	sthan	-	M.D. Springfield					מיים
SIGNATURE	7			_	we stringrien	d Shar	e nospitus	ā)=)!=2
PHYSICIAN'S NAME (Type)	Edmund Lus	then			Carles mar 177 a	Ma				
	TION, 226. DATE THEREC		22c. NAME OF CEME	TERY O	Sykesville	224 LOCAT	10N (City, town, a			
REMOVAL (Speci			Black Ro				Ler, Ba			late)
Burial 3. FUNERAL DIRECTO		0	ADDRESS	UK						. /
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director. Page for your files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08389 Reg. Dist. No.

		o. COUNTY Carrie	MARYLAND	2. USUAL RESIDENCE (Where dec	ceased lived. If institution: Resi	dence before admission)
	k		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If od)side	carporate limits, write RURAL a	ind give neorest town)
/	u	NAME OF HOSPITAL OR INSTITUTION (If not in hospital	2 years 8 da	d. STREET ADDRESS	ore 11, 3	e. IS RESIDENCE
5		Springfeeld		409 W 2	4 Str.	ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle Bel	L Derhane DEAT		3 19 5 7
	5. 5	SEX 6. COTOR OR RACE 7. MARRIED WIDOWED [10-26-92	9. AGE (In years lost birthday) Months	ER TYEAR IF UNDER 24 HRS. Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIN deping most of working life even if relired)	HOME	Scotlan	gn country) 12. Cl	ITIZEN OF WHAT COUNTRY?
8	13.	William Risell	Bell	14. MOTHER'S MAIDEN NAME	x Rege	45
0		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	CIAL SECURITY NO. 17. IF	Howital K	Address	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse tost.	bral circ	. Cardioras.		internal Between ONE and Death ONE and Death
0	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter nature of injury in Port 1 or Por	1 It of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour e. m. While of work	_ Not while _ facto	CE OF INJURY (Home, form, 20f. (ory, street, office bldg., etc.)	Cily or town) (C	County) (State)
		21. 1 certify that I took charge of the re	mains described obo	ve, held an Autopsy 🔲,	Inspection, Inqu	oiry [], and in my
		opinion death resulted from: Natural ca	uses [], Accident [, Suicide , Homici		DATE SIGNED
2		EXAMINER'S JAMES T. M.	arsh	ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAMINE		83/57
	220	BURIAL CREMATION. 22b. DATE THEREOF 27 REMOVAL (Specify) 8-6-57	Oak Sau	22d. LO	DEATION (City, Jown, or county)	(Stole)
	23.	FUNERAL DIRECTOR'S SIGNATURE - 4210 Bu	address Cer Ref. B.	ALLO- Sel DATE 8-3	GISTRAR 246. REGISTRAR'S S	ry Elect

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funct 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Status ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours ofter death: VS. A15ME 5M 2/57

BUREAU V. S. 2561 9 5AV

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		0839	10	CERTI	FIC	ATE OF DEATH	1		Rog. Dist	833	1174	
1. PLACE o. CO	of DEATH	rroll		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE Mary		lived. If institution b. COUNTY	Balto	e before c	y Y	
b. CIT	Y OR TOWN (IF OR ALL OND DIVE PER PER PER PER PER PER PER PER PER PE	outside carporate limi rest town)	ts, write	LENGTH OF STAY		c. CITY OR TOWN (IF o		ote limits, write RI	URAL ond gi	ve neares	t fown)	
d. NA	ME OF HOSPITAL INSTITUTION Pringile	I (If not in hospital, or left state I	lospi	oddress) tal		d. STREET ADDRESS 3153 Lynda:	le Ave	nue			S RESIDENCE ON A FARM? ES NO	
3. NAMI DECEA (Type	ASED or print)	Cathe	rine		onne	t FEIŒ	4. DATE OF DEATH	Augu		26,	Year 19 57	
5. SEX Fea	male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRI		B. DATE OF BIRTH October 20,1	867	P. AGE (In years law ythday)			UNDER 24 HRS ours Min.	
duri	ng most of workin	ig life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (S1010 Scotland		untry)		J.S.A	VHAT COUNTE	
	ER'S NAME					14. MOTHER'S MAIDEN N						
	John Don	NOT.	ceca la	SOCIAL SECURITY NO	117	Catherin	e Ande	rson				
[Yes, no o		yes, give wor or dates of s		SOCIAL SECURITY NO		pringfield Ho	spital					
Co go cou lyir	PART 1. DEATH ARON O Inditions, if any ve rise to im use (o), stoting the ng couse last.	WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO which mediate under: DUE TO	A A		roti	c heart disea				ONSET	AL BETWEEN AND DEATH PAIS	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE: NOTE:											
	ACCIDENT WAS CONTRIBUTING E ITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in f	Part I ar Part	II of item 1B.)				
WEDICAL WEDICAL	TIME OF INJURY Hour a.m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while	20e. Pt.	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	20f. (City	ar tawn)	(Co	ounty)	(State	
aliv	ve an Aug		Jour	ed fram Apri 7 and that Mendal	1 16 death	accurred of 3:34A	M, fram ADDRESS (Str	eet, city ar tawn,	ind an th state)	ast saw e date	the deceas stated above DATE SIGN 8/26/	
PHY	SICIAN'S ME (Type) W	alther H.	Sonn	enfeldt, M	D.	Sykesvil	le, Ma	ryland				
B.	RIAL, CREMATION NOVAL (Specify) WALL ERAL DIRECTOR'S	226 DATE THEREC	5/57	ADDRESS	la la	Wh		ON (City, town, o	100	lto	(State)	
Her	ing My	tankin	3+5	ms & 49	05)	Jork Rad DATE S	17/5	7 6.0	Herry	1 2	cerp	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	TO FUNER OF PRECIOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.	143
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0839	3 CERTIFICA	AIE OF DEATH	Reg.	Dist. No. 74						
Carroll	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE D. C.	ed lived. If institutions Residue. b. COUNTY	dence before admission)						
(If autside carporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURAL or	nd give nearest town)						
Henryton	232 days	Washington	n 47x-	3						
ITAL (If not in haspital, give s		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
	te Hospital	228 - 10th S	treet, N.E.	YES NO						
First	Middle	Lost 4. DATE	Month	Day Year						
David	McKinley	Gray, Jr. DEATH	August	7 1957						
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	A CONTRACTOR OF THE PARTY OF TH	DER 1 YEAR IF UNDER 24 HRS.						
Negro wi	DOWED DIVORCED	Sept. 25, 1925	31 yrs.	s Days Hours Min.						
ION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY						
itor	Restaurant	High Point, N	. C.	U.S.A.						
		14. MOTHER'S MAIDEN NAME								
David Gray,	Sr.	Victoria Ste	wart							
			Address							
	1	David McKinley Gra	y. Jr Pati	ent						
				INTERVAL BETWEEN						
ATH WAS CAUSED BY:	Hemorrhage, lun	g		ONSET AND DEATH						
DUE TO		•								
ony, which)	Far advanced cav	tary pulmonary tu	berculosis							
immediate Dus TO										
the under-										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO										
VAS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	ort II of item 18.)							
	While Not while fo		ly or tawn)	(County) (State)						
that I attended the de	ceased from 12-17-	. 19 56 to 8-7-	1957 that	I last saw the decease						
1				DATE SIGNE						
11/100	2, Carey	Henryton.	Marvland	8-7-57						
Edgars M. Mac	mlans. M.D.	m.o		nryton. Md.						
8-13-57	22c. NAME OF CHMETERY C	tis not.	Enlington	- 7/0-						
R'S SIGNATURE	ADDRESS		STRAR 24b. REGISTRAR'S	SIGNATURE						
Horlan Go	1322-40Wethe	1 (1/64) DATE 8-9-57	allest	R. Swansha						
	9 1	U.C.								
	(If outside corporate limits, wherever town) Henryton ITAL (If not in hospital, give in the limits in the li	Carroll (If outside corporate limits, write nearest lown) (If outside corporate limits, write nearest lown) (If outside corporate limits, write nearest lown) 232 days ITAL (If not in hospital, give street address) Henryton State Hospital First Middle David McKinley 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Negro DIVORCED DIVORCED ION (Give kind of work done 10b. KIND OF BUSINESS OR INDU riking life, even if retired) Itor Restaurant David Gray, Sre ER IN U. S. ARMED FORCES? If you, give wor or dore of versice of ver	Carroll MARYLAND Carroll MARYLAND C. USUAL RESIDENCE (Where decease of STATE D. C.	Carroll MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution, Rein State D. C.						

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

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8394	CERTIFICATE	OF	DEATI	H

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	2. USUAL RESID	dence (who	end	d lived. If institution b. COUNTY	on: Residence l		ssion)		
RURAL and give ne	outside carporate limi arest town) tapsco	ls, write	c. LENGTH OF STAY IN 16 26 years	c. CITY OR 1	Pata:		rate limits, write R	URAL and give	nearest to	vn)		
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET A	DDRESS				ON	A FARM?		
NAME OF DECEASED (Type or print)	Kate	st	Middle	Graj		4. DATE OF DEATH	Augu		0°y 10	Year 19 57		
Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		1	9. AGE (In years lest birthday) yrs.	Months Da		Y		
0a. USUAL OCCUPATIO during most of work HOUSE	ing life, even if retired		KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPL	Engl	-	ountry)		n of wha	T COUNTRY		
3. FATHER'S NAME	Georg	e De	• W	14. MOTHER'S		arlot	te (Ur	known)	WEST		
5. WAS DECEASED EVER Yes, no. or unknown)	R IN U. S. ARMED FOR	CES? 16.		INFORMANT	man E	arri	ck Pat	apsco	, Mar	yland		
Conditions, if ar gave rise to in code (a), slating I lying couse lost. PART II. OTH	the <u>under-</u> DUE TO	, Q	CONTRIBUTING TO DEATH BU	negation to the state of the st	THE TERMIN	LES MAL DISEAS	E CONDITION GIV	'EN IN PART 1(PERF	ORMED?		
O (IF EITHER, NOTIFY	YES □ NO ☑ 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
20c. TIME OF INJURY Hour o. m. p. m.	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (County) (State)											
alive on ACTUAL SIGNATURE	art attended the	deceas	and that death	h occurred at			n the causes of treet, city or town,		dote sto			
PHYSICIAN'S NAME (Type)	S. Luthe:		re	79			St. Wes			Md •		
Burial (Specify)	8-12-5		Woodlawn (dlawn		land			
3. FUNERAL DIRECTOR:		Wes	ADDRESS tminster, Ma	aryland	24a. REC'D		RAR 24b. REGIS	STRAR'S SIGN	Mu	fly		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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08396 CERTIFICATE OF DEATH Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Lyr. Smo. 29da Sykesville Frederick 10112 d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 105 W. 4th Street YES NO TO Springfield State Hospital NAME OF Middle 4. DATE Month Yeor DECEASED William Baker JAMES DEATH 1957 (Type or print) August 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys House Min 8. DATE OF BIRTH Hours Doys 8-25-72 Male White WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death U.S.A. Brick Contractor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua James Mary Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No Springfield State Hospital - Sykesville. Md. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Old Rheumatic ne IMMEDIATE CAUSE (0) Bronchopneumonia Old Rheumatic heart disease plus days 416X DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. //G 14 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Chronic brain syndrome, circulatory disturbance, cerebral arterio-Sclerosis, with psychotic reaction.
CIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) YES NO DE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m. Not while of work of work 21. I certify that I attended the deceased from November 5, 1952, to August 1, 1957, that I last saw the deceased , and that death accurred at 11:25A.M. fram the causes and on the date stated above. alive an August DATE SIGNED ACTUAL Springfield State Hospital PHYSICIAN'S Martin Gross, M. D. Sykesville, Maryland NAME (Type) FUNE 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRA DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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ACE OF DEATH COUNTY Ca	rroll		MAR	YLAND	o. STATE	ence (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick						
Sykesvil	crest town)		2/17/55	(IN 1b	c. CITY OR TOW	'N (If outside		limits, write F	URAL ond	give nearest town)		
OR INSTITUTION					d. STREET ADDR	E\$S					ON	SIDENCE A FARM?
AME OF ECEASED ype or print)					Kanode	0	F	Mor 8	nth	Day		Yeor 19 57
x 'emale	6. COLOR OR RACE White				8. DATE OF BIRTH 9/29/7	8	9.	AGE (In years lost birthdoy) 78 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
USUAL OCCUPATION during most of working Housewif	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS			ign count	iry)			F WHAT	COUNTRY
Edmond Y	ingling				14. MOTHER'S MAI		Rober	rts				
			None			node,	Adams			and		
434.3 Conditions, if an gave rise to im couse (o), stoting to lying couse lost.	y, which he under-	CBS	assoc. wi	th c	irculatory clerosis						. WAS	AUTOPSY PRMED?
0a. ACCIDENT WAS DR CONTRIBUTING I IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED). (Enter noture of inju	ury in Port 1 o	or Port II	of item 18.)			165 (A	NO
Oc. TIME OF INJURY												
Hour o.m. p.m.	Month, Doy, Ye	While of worl	Not while of work	20e. PLA foc	CE OF INJURY (Home tory, street, office bld	e, form, 20f g., etc.)	(City or	town)	(County)		(Stole)
	CITY OR TOWN (IF RURAL ond give net Sykesvil NAME OF HOSPITOR INSTITUTION Springfie ME OF CEASED (pe or print) X CMALE USUAL OCCUPATION during most of working the Work Housewif ATHER'S NAME Edmond Y TAS DECEASED EVER (IN TOWN IN TOWN	CITY OR TOWN (If outside corporate lim RURAL and give neorest fown) Sykesville NAME OF HOSPITAL (If not in hospital, or institution) Springfield State H AME OF FINAME CEASED (Pe or print) Manzel X 6. COLOR OR RACE White USUAL OCCUPATION (Give kind of work during most of working life, even if retired Housewife White USUAL OCCUPATION (Give kind of work during most of working life, even if retired Housewife XTHER'S NAME Edmond Yingling TAS DECEASED EVER IN U. S. ARMED FOR (If yea, give wor or date of a number of the cores of the core	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street or Institution) Springfield State Hospital AME OF First CEASED (Pe or print) Manzella X 6. COLOR OR RACE 7. MARR WIDOWS USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE White WIDOWS WIDOWS WIDOWS WIDOWS INTERIS NAME Edmond Yingling TAS DECEASED EVER IN U. S. ARMED FORCES? 16. OLITICAL OCCUPATION (If yea, give wor or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONDITIONS, if any, which gave rise to immediate cause (o). Stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OG. ACCIDENT WAS UNDERLYING 120b. DESCONTRIBUTING 120b. DESCONTRIBUTIN	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital ME OF CEASED (Pe or print) Manzella Middle Yingling (A. COLOR OR RACE WIDOWED DIVORCE DIVORCE) USUAL OCCUPATION (Give kind of work done of the working life, even if relired) Housewife White WIDOWED DIVORCE USUAL OCCUPATION (Give kind of work done of the working life, even if relired) HOUSEWIFE ATHER'S NAME Edmond Yingling (If yea, give war or dates of service) NO B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) and the period of the period	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital ME OF CEASED (Pe or print) Manzella White WIDOWED USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWIFE ATHER'S NAME Edmond Yingling PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital MARTON MARTINITY Middle Lost Kanade Kanade Kanade CEASED Manzella First Middle Lost Mange of First Middle Lost Kanade Kanade Kanade Manzella Middle Lost Manzella Manzella Middle Lost Manzella Manzella Middle Lost Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Middle Lost Manzella Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Manzella Middle Lost Manzella Manzella Manzella Middle Manzella Man	CITY OR TOWN (If outside corporate limits, write RIVAL and give neorest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) Springfield State Hospital MARYLAND MARYLAND Adamstown Sykesville NAME OF HOSPITAL (If not in hospital, give street address) Springfield State Hospital MARZELL Middle Vingling Kanode Namzella Vingling Kanode Namzella Vingling Kanode Namzella Vingling Kanode Namzella Vingling Never Married Divorced Divorced Divorced Divorced Divorced Naryland None None None Conditions, if only, which give war or datas of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gave rise to immediate coese (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D OO. ACCIDENT WAS UNDERLYING TO SECRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I company) OO. ACCIDENT WAS UNDERLYING TO SECRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I company) Feither, Notify Medical Examiner)	Carroll Carroll Maryland C. CITY OR TOWN (If outside corporate limits, write RIRAL and give neorest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital MAR OF COLOR OR RACE Per or print) Manzella Middle Lost 4. DATE OF DEATH Kanode Manzella Vingling Kanode No 6. COLOR OR RACE Widowed DIVORCED DIVORCED DIVORCED DIVORCED Maryland NO 14. MOTHER'S MAIDEN NAME Sara Rober 14. MOTHER'S MAIDEN NAME Edmond Yingling MARYLAND Maryland 15. INFORMANT No Conditions, if any, which gove rise to immediate CAUSE (o) Core part II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Core part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE Color. CO. ACCIDENT WAS UNDERRYING TO Port II or Port II	CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) Springfield State Hospital MIDOWED TO REAL PROPERTY (If years and the part of the	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville NAME OF HOSPITAL (If not in hospital, give street address) Springfield State Hospital MARQUE STREET ADDRESS Manual Lost Manual Lost	CITY OR TOWN (If outside corporote limits, write RURAL ond give neorest town) Sykesyille Adamstown Adamstow	CETT OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest fown) Sykesville Adamstown 2/17/55 Adamstown Address Add

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, should be filed with may be retained by the haspital or attending physician.

TO FUNERA SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3: 1. It is detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 at the registrate prior to burial, cremation, ar remayal, and in any event within 72 haurs after deeth. VS A15 (4) 15M 9/55

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FOR STATE

HEALTH DEPT

MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please of earlificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fungal director. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stot, soard of Health, gnoted agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. or its desi

execute the 4 should TO FUNE TO DEPUTY VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08398

08400

Reg. Dist. No.

	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceas	ed lived. If institu	rtian: Reside	nce bef	ore odm	ission)
	o. COUNTY	Carroll		MARY		- 67490	land		arrol			
	b. CITY OR TOWN (If and give nearest town)		RUSAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	(If outside corp	porote limits, write			earest to	wn)
-	Taneyt			2mo.		X2	Taney	town				
	O. NAME OF HOSPITA	L OK INSTITUTION (It not in hos	pital, give street address	•)	d. STREET ADDRESS					ON	A FARM?
	NAME OF DECEASED (Type or print)	RALPH	st	Middle C. I	OOK	Lost ENGBILL	4. DATE OF DEATH	AUG		Doy		1957
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	K 8. D	ATE OF BIRTH		9. AGE (In years	IFUNDER	1YEAR	-	ER 24 HRS.
n	nale	white	WIDOWE			L-8-1942		15 yrs.	Months	Days	Hours	Min.
100	a. USUAL OCCUPATION during most of working IN SCHO	life, even if retired)	done 10b. K	CIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (SIO		ountry)		J.S		COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
	A	ubrey L	ookir	ngbill		Ethel	M. Wat	tson				
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT		Address				
L	no	If yes, give war or dates of	service)	none	Aul	orey Look	ingbi	ll, R.D	. Mt.	A	iry,	Md.
	PART I. DEATH	H [Enter anly one cau H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	C		TIO	v- by H	ANBI	NG		ONSE	VAL BETWEET AND DE	ATH
	Conditions, if an											
	gave rise to immedi (a), stating the vi									11		
-	cause last.) (c)										
CERTIFICATION	PART II. OTHE	er significant con	DITIONS CC	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART			AUTOPSY RMED?
	PRIMARY S or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	Hau	HOW INJURY OCCUR	RED. (Ente	r noture of injury in Po	ort I or Port II	of item 18.)				
MEDICAL	Hour orm.	Aug 6 19	While	NJURY OF CURRED 20. Nat white	foctory	OF INJURY (Home, fo, street, office bldg., e	rm, 20f. (City	or town)	1C90	nty)	w	(State)
	21. I certify the	at I took charge	of the r	emains described	above	, held an Autop	sy 🗍, In	spection X	Inquir	v [3]	an	d in my
	opinion death r	esulted from: 1	Notural o	causes . Accid	ent 🔲	, Suicide 🔀,	Homicide		rmined n	, 123	_	
	ACTUAL SIGNATURE AU	les 2. 1	Mar	DN .	^	A.D. CHIEF MEDICAL	EXAMINER [DATES	IGNED
	EXAMINER'S JA	MEG 1.	MAK	2514		ASSISTANT MEDICA		4		81	61.	57
220	BURIAL CREMATION REMOVAL (Specify) BIJR TAT.	8-9-19	57	22c. NAME OF CEMETER Taylors			-	ION (City, town, o		255]	(Slote	e)
23.	FUNERAL DIRECTOR'S	1 4 4	2.	ADDRESS	V de de		Car		TRAR'S SIG		and	
	C. M. W	altz,	Winfi	eld, Mary	rland				-educ	1		

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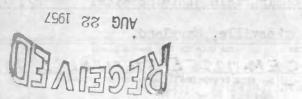
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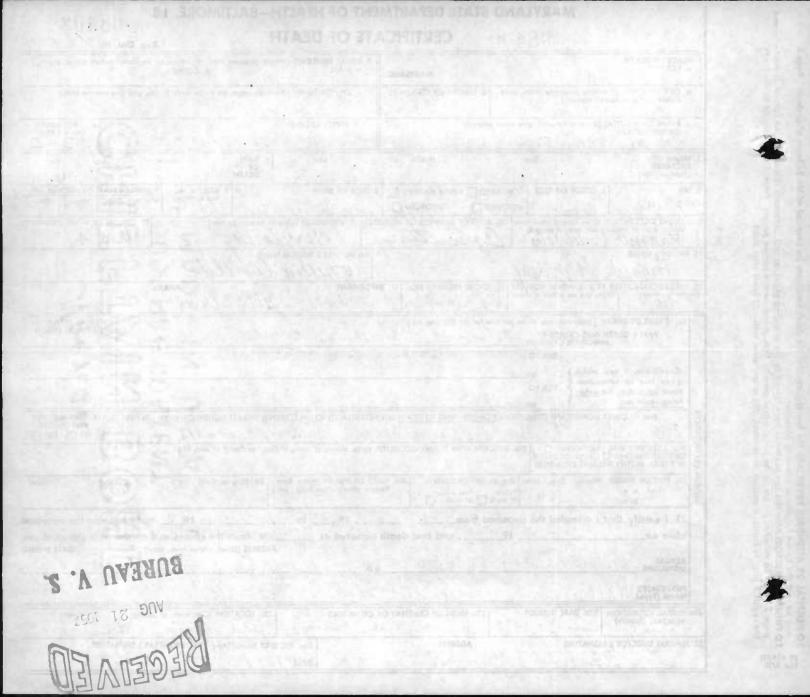
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0840308401 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Carroll Maryland Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Sykesville 2mos 17 days Hamostead d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Springfield State Hospital ON A FARM? YES NO NAME OF Middle 4. DATE Last Month Day Year DECEASED Carrie Mae MEYERS 16. 57 (Type or print) August DEATH 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Female Hours White April 10. 1881 WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John -Nancy Long 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic heart disease DUE TO Generalized arteriosclerosis Years Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY C.B.S. assoc. with cerebral arteriosclerosis, with psychotic reaction. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. ft. While Not while of work of work 21. I certify that I attended the deceased from May 29. to August 16, 19 57 that I last saw the deceased 1957 ... and that death occurred at 4:35A M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Mp Springfield State Hospital Walther H. Sonnenfeldt, M.D. PHYSICIAN'S Sykesville, Maryland NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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B. Transbill

















Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY/ c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month Doy Year 19 9. AGE (In years lost birthdoy) IF UNDER YEAR IF UNDER 24 HRS Months Days Hours Min. yrs 12. CITIZEN OF WHAT COUNTRY? Address 12 INTERVAL BETWEEN CHE PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Slote) 19,5 That I last saw the deceased M, fram the causes and an the date stated above. (AODRESS (Street, city or town Atate) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08404

2EP 3 1967

TO FUNER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08492

CERTIFICATE OF DEATH

08405

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll		MAR	YLAND	2. USUAL RESIDENCE (WO. STATE Mary		d lived. If instituti b. COUNTY		nce before	odmissio	n)
b. CITY OR TOWN (III	f outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give neare	st town)	V
	lenryton		2,468 d	ays	Baltin	nore	3	VOI	- ef		
	AL (If not in hospital, g	ive street (oddress)		d. STREET ADDRESS				e.	IS RESID	ENCE
OK INSTITUTION	Henryton S	tate	Hospital		634 CI	nerator	n Road			res 🗍	
3. NAME OF DECEASED	Fir	'st	Middl	•	Last	4. DATE	Mor	ith	Day	Ye	Gf
(Type or print)	Hel	en	Louis	8	Richardson	OF DEATH	8		5	19	57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years		R I YEAR IF	-	
Female	Negro	WIDOWE	D DIVORC	ED 🔲	7-20-1917		lost birthday) 40 yrs.	Months	Doys H	Hours	Min.
10a. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign o	ountry)	12. CI	TIZEN OF	WHAT (OUNTRY
	ck Maid		utzler Br	os.	Baltin	nore. 1	Maryland	120	U.S.	A?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	darrison Ev	rans			Clara	Copper	•				
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1		оорро.	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of s		212-28-141	8	Helen Louise	Richar	rdson - P	etier	at.		
	TH [Enter only one co				TOTOM DOUTES	10.0110	40012	a oze		/AL BET	WEEN
	TH WAS CAUSED BY:									AND D	
MOV			purmonare								
Condition it	DUE TO				a based disease						
Conditions, if or	mmediate		conic rneu	matl	c heart dise	ase					
lying couse lost.	the under-		n odvenneod	h4.7	ateral pulmo	name Ti	a wight		3 19		
) (c	/			NOT RELATED TO THE TERM			ENLINE DA	DT 1(a) 10	WALAC AT	TOPCV
SE CONTRACTOR OF SECTION OF SECTI		DINONS	ON ING TO BE	CAIN BOI	NOT REDATED TO THE TEXT	NINAL DISEAS	E CONDITION ON	CIN IIN FAI		PERFOR	MED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY (OCCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)				
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	Not while of work	20e. PL	ACE OF INJURY (Home, for story, street, office bldg., e	m, 20f. (City	y or town)		(County)		(State)
21. I certify th	ot I ottended the	deceos	ed from 11-2	as	, 19 50, to 1	3-5-57	19	that I	last saw	the d	eceosed
olive on	8-5-	. 19			occurred ot 3 P.						
		7	7		00001100 00022222		treet, city or town,		inc doie		E SIGNED
ACTUAL SIGNATURE	7.1	-VP	stal.		Henryton	Mary.	Land			8-	5-57
			4,000		m.u.						
PHYSICIAN'S TO MAME (Type)	. F. Vestal	, M.1	O., Supt.		Henryton	State	Hospital	, Her	nrytor	1, M	d.
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	7	22g NAME OF CEN	METERY O	em - Com	Hay	TION (City, town,	or county)	elto.	(Stote)	d.
23 FUNERAL DIRECTOR	s SIGNATURE	ral	ADDRESS 15	041	aurera 240. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATURE		11
14	me In	Co			DATE	8-6-57	and	w	(.)	an	vas

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- L- David Service all Industrial 1984 (March

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energy of the contract to the contract to

THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PERSON

JUNEAU AND TERRORISE LITERATE TO SECOND SECOND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08493 If any delay is necessary, please exe-ne funeral director. Page 4 should be cop 2 cremation, PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your forward. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral I TO FUN

VS. A15ME(5) 5M 9/55

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Reg. Dist. No.

Rural 2	Woodbin	e 5	months	Rura	f. 711	rodle	nie_X	/
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF	nat in hospital, gi	ve street address)	d. STREET ADDI	etti (Porner	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHAR	LES	W RID	GEEY.	A. DATE OF DEATH	Month	2	4 19 5 7
5. SEX M	W	WIDOWED [DIVORCED 38.	July 6,	1928	9. AGE (In years last birthday) 29 yrs.	Months Days	
during post of working	ON (Give kind of work doing life, even if retired)	ane 10b. KIND OF	culture	Y 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZEN	of WHAT COUNTRY?
13. FATHER'S NAME MATLE 15. WAS DECEASED BY	YU. RIA	sely.	fr.	Charlos	At 4.1	egner		
(Yes, no, or ynknown)	We flore 19.		SECURITY NO. 17. IN	ran. W. T	Pedzely	Address Wood	Ulmi	El. 1 mu
	TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	111000	b), and (c).]				IN	TERVAL BETWEEN NSET AND DEATH
Conditions, if a gave rise to imme (a), stating the cause last.	DUE TO							
PART II. OTI	HER SIGNIFICANT COND	TIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II, OTI	NTRIBUTING [DESCRIBE HOW I	NJURY OCCURRED. (Er	nter nature of injury	in Part I ar Part II	of item 18.)		
20c. TIME OF INJU	RY Month, Day, Year 19			E OF INJURY (Hamery, street, affice bldg	e, farm, 20f. (City g., etc.)	or tawn)	(County)	(State)
	hat I took charge	-	s described above	2		spection , , determined co		, and find that
ACTUAL	ault/	me	ru	_M.D.	CAL EXAMINER		A MICH	DATE SIGNED
EXAMINER'S NAME (Type)	AUL F.	GUE	RIH		MEDICAL EXAMINER		8	-25-57
220. BURIAL, CREMATIC REMOVAL (Specify)		57 22c. NA	ME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o	County)	(State)
Sither S	Signature W. Hargh	of Aly	Elsvalle,	211	TE 8-26-	AR 24b. REGIS	Trans SIGNAT	Thewith
		0						X

SECEDAED

BUREAU V. S.

1. PLACE OF DEATH

Carroll

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08494 CERTIFICA

MAR

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I	E OF DEATH		-	teg.	Dist.	No.	7	1
2.	USUAL RESIDENCE (Where deceased o. STATE							
	Maryland	b.	COUNTY	lon	tgo	mer	y	

LAND	o. STATE	Maryl								
IN 16	c. CITY OR T	OWN (If o	utside corpo	prote limits, write RI				n) į		
ys		Silve	r Spr	ing /	556	.2				
	d. STREET A		rive					SIDENCE FARM?		
on	ROBINSON		4. DATE OF DEATH	Augus		13	,	Year 19 57		
ED 🖂	B. DATE OF BIRTH	1		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.		
0 🗆	June 27	, 188	6	71 yrs.	Months	Days	Hours	Min.		
OR INDU	JSTRY 11. BIRTHPL			ountry)	12. CI		A.	COUNTRY?		

RURA	L and give ne	outside corporate limi grest tawn)	ts, write	c. LENGTH OF STAY IN			orporate limits, write	RURAL one	d give ne	arest town	1)
	kesvil			llmos.3days		Silver S	pring /	556	12		
OR IN	NOTTUTION	AL (If not in hospital, g	-		d. STREET AC						FARM?
Sp	ringfi	eld State	Hosp:	tal	721 D	ale Drive	8			YES _	NO 🔀
3. NAME C	OF ED	Fir		Middle	Lost	OF.		onth	Do	,	Year
(Type or		Nell		n Shackleton		DE	ATH Augu	ist	13	3,	1957
5. SEX			7. MAR	RIED NEVER MARRIED	_	200	9. AGE (In year lost birthday)		the state of the s	Hours	ER 24 HRS
Fem		White	WIDOW		3 - 00000 61		71 yr	s.			
10a. USUAL	most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN			gn country)	12. 0	CITIZEN C	OF WHAT	COUNT
	sewife			Mame	Ind	iana			U.S	.A.	
13. FATHER					14. MOTHER'S	MAIDEN NAME					
Ben	Shack	leton			Ann	a Allen					
15. WAS DE		IN U. S. ARMED FOR			7. INFORMANT		Ad	ldress			
No		-	2	78 <u>-</u> 03-3336-A	Springfie	ld Hospi	tal Record	ls			
18. CA	AUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]						ERVAL BE	
	PART I. DEAT	TH WAS CAUSED BY:	Br	conchopneumon	กำล				ON	Days	
4	20.0	DUE TO		- Out Out of Day of Manage		1-7-6				200	-
Cond	ditions, if or	v. which) a	. Ar	teriosclerot	ic heart d	1 50250				Year	20
gove	rise to in	nmediate (DUE TO	1		or mear o	100000					3
	(o), stoting to	he under-	Ge	eneralized ar	rterioscler	osis				Year	'S
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION G	IVEN IN PA	ART 1(o)		AUTOPSY
C.B	.S. ass	oc. with ci	rc.di	st. with cer	ebral arte	rioscler	osis, with				ORMED?
L 20- A	CCIDENT WA	ic reactions underlying □		Ischiorecta CRIBE HOW INJURY OCCU		injury in Port I or	Port II of item 18.)	-		hand	- 4
OR CO	HER, NOTIFY	CAUSE OF DEATH	0.0								
	ME OF INJURY	Month, Doy, Ye	or 20d. I	NJURY OCCURRED 20e	PLACE OF INJURY (H	lome, form, 20f.	(City or town)		(County)		(Slote
20c. TIA	four o.m.	19	While	Not while	foctory, street, office		(0.7)		(000)		
	p. m.				0 56	A	1 22 -				
21. 1	certify the	at I attended the	deceas	ed from Sept. 1	1920	, to Augus	المال	7., that	I last s	aw the	deceas
alive	an Aug	ust 13,	19 5	2. and that de	eath accurred at_				the do		
	1.10	0111 28	los	1110112011	11		S\$ (Street, city or town			0.4-	ATE SIGN
SIGNA	TURE	MUS OF	101	WINITHIA	Amp. Spri	ngfield	State Hosp	ital		8/1	-3/57
PHYSIC	CIAN'S			/							
	(Type)	Walther H	. Sor	nnenfeldt, M.	D. Syke	sville,	Maryland				
	L, CREMATION			22c. NAME OF CEMETER		22d. LC	OCATION (City, town	, or county	1)	(Stot	te)
BUR	AL (Specify)	8/15/57		ROCK CREEK			WASHINGTON	V. D.	C.		
23 FUNER	AL DIRECTOR'S	SIGNATURE	1	ADDRESS Sile		240. REC'D BY RE		SISTRAR'S	SIGNATU	RE /	1.
Was	nero	- Veen	Mrs.	18434 G	12-2ml	DATE 8-18	-3/ 6.6	Herre	40	un	

DATE 8-18-57

TO FUNE page 3 x

VS A15 (4) 15M 9/55

TO HOSPITAL

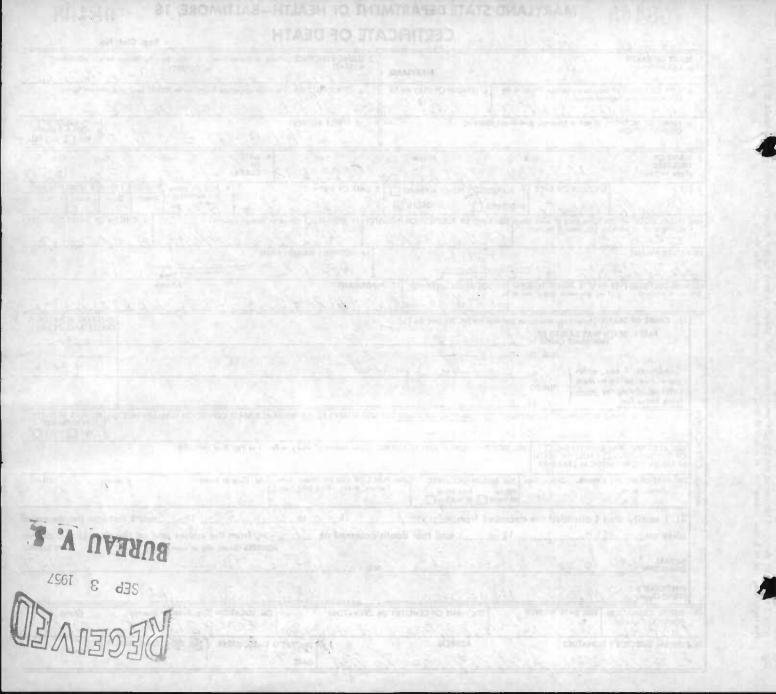
CERTIFICATE OF DEATH

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1		MARYI	AND	STATE D	EPART	MEN	T OF HEALTI	H-BAL	TIMORE, 1	8	084	109	
		084	96	CE	RTIFIC	ATE	OF DEATI	H		Reg. D	ist. No	17	4
1.	PLACE OF DEATH o. COUNTY	Carroll			MARYLAND		USUAL RESIDENCE (W. STATE Mary)		b. COUNTY			City	ion)
1		(If outside corporate limi	ts, write	c. LENGTH O	F STAY IN 16	1	c. CITY OR TOWN (If		prote limits, write Rt		_) 🗸
V	Sykesv	ille		2 y 1 m	17 d		Balti	imore	3 V	0/-	4		
	OR INSTITUTION	FITAL (If not in hospital, g					d. STREET ADDRESS	Collin	gton Ave.				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	fir Mami			Middle Haug	SCHI	Lost MIDT	4. DATE OF DEATH	Mont		10		reor 19 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	MARRIED [8. DA	TE OF BIRTH		9. AGE (In years	IF UNDE		IF UNDE	
	Female	White	WIDOW		VORCED [Jı	me 13, 187	70	last birthdoy)	Months	Days	Hours	Min.
10	during most of we Housew	FION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSIN	NESS OR IND	USTRY	11. BIRTHPLACE (Stole		country)		TIZEN C		COUNTRY
13	FATHER'S NAME			To V		14	MOTHER'S MAIDEN	NAME					-
	Henry	Haug					Mary Kel	lly					
15	WAS DECEASEDEN	VER IN U. S. ARMED FOR		SOCIAL SECUR	WY NO. 17.	INFOR	MANT		Addre	ess	- 14		
	No. or unknown)	(ii yes, give wor or ourse or s	ervice)	ami		Spri	ingfield Ho	ospita	1 Records				
	420.0		Art	erioscl	erotic		art disease				ON	ERVAL BE SET AND Cars	TWEEN DEATH
	Conditions, if gove rise to couse (o), statin lying couse los	g the under-		ieralize	ed arte	rlo	sclerosis				3	rears	
MEDICAL CERTIFICATION	brain d	SSOC. With disease, with	psyc	hotic r	eactio	n.	RELATED TO THE TERM			ile	RT 1(o) 1	PERFO YES	AUTOPSY RMED? NO 🏋
SER.	LOR CONTRIBUTION	G CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	While	NJURY OCCURR Not while			DF INJURY (Home, farr street, office bldg., etc		y or town)		(County)		(Stote)
	21. I certify alive on Au	that I attended the gust 10,	deceas _, 195		that dea	th acc	curred at 9:35	PM, from	n the causes and itroet, city or town, s State Hos	nd on t	the da	te state	
		Edmund Lusth		M.D.					Maryland_		die sele gape dept spill sele	nile sain sain sain sain sain	
	BEMOVAL (Specif	0/14/1	957		imore	- /	emetery		JION (City, lown, o	e,	lary	Lan	
23	CONCERT S	Fuck 5	305	ADDRESS	lord ?	21	But DATE	D BY REGIS	~ ~ ~ ~ ~	TRAR'S SI		RETULL	

REASO TO STADISTING OF DEATH

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BUREAU V. S.

SECENTED SEC

Howard

ADDRESS

Chane

Damascus, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OF WELL WITH THE W

REMOVAL (Specify)

EUNERAL DIRECTOR'S'SIGNATURE

Page

death?

hours after

within

HYARD ROSTANING CERTIFICATE OF DEATH

the property of the same of the

THE REPORT OF THE PARTY OF THE

1: 31.

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BUREAU V. A.

· 2561 61 50v - ____



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES NOT

USA

INTERVAL BETWEEN

ONSET AND DEATH

vears

years

(County)

PERFORMED? YES NO IX

(State)

DATE SIGNED

(Stote)

CERTIFICATE OF DEATH

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THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

BUREAU V. &

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1.	PLACE OF DEATH	Carroll		MARYLAND	2. USUAL RESID	Marvl.		ed lived. If ins b. COU	4904	rroll	re admission)
	b. CITY OR TOWN	(If outside corporate limits, wr	rite RURAL	c. LENGTH OF STAY IN 16				porote limits, wr			prest town)
	and give nearest to	Cedarhurst			XO (Cedar	hurst				
0	d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hosp	ital, give street oddress)	d. STREET AD	DRESS					o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED		irst	Middle	Lost		DATE OF		onth	Day	Yeor
1	(Type or print)		RENCE	C.	TRUM	P SR	DEATH		gust	19	19 57
) 3.	. SEX		WIDOWED	NEVER MARRIED		2000		9. AGE (In years lost birthday)	Months	7	F UNDER 24 HRS. Hours Min.
1/	Male	White		DIVORCED DIV	Aug 4		foreign o	71 yr		ITIZEN OF	WHAT COUNTRY
	Retired	Employee	Co	ngleoum Nai		or (0.0.0 o	To orgin o	· · · · · · · · · · · · · · · · · · ·		J.S.	Wilki Cooltiki
-	3. FATHER'S NAME	2 - 3		3.000	14. MOTHER'S M	AIDEN NA	ME	130 12			
	John	Wesley Tr	ump		Annie	House	le				
		VER IN U. S. ARMED FO		OCIAL SECURITY NO. 17.	INFORMANT	4107141		Addre	e15		
/	Yes	W.W.1	2:	16-07-4211	Mrs. A	Annie	Ter	ump, Co	edark	nurst	.Md.
		ATH [Enter only one co	ouse per line fo	or (o), (b), ond (c).]						INTERV	AL BETWEEN AND DEATH
	BADT 1 DE	ATH WAS CAUSED BY:									
	TAKE I. DE	IMMEDIATE CAUSE (o)	ractured Nec	le	400	10.1				
	900.0	IMMEDIATE CAUSE (ractured Nec	k						
V	900.0 Conditions, if	Ony, which		ractured Nec	k						
~	900. C Conditions, if gove rise to imm (o), stoling the	ony, which oldiole cause underlying DUE TO	b)	Fractured Nec	k						
V 2	900. C Conditions, if gove rise to imm (o), stoling the couse lost.	ony, which dedicte cause underlying DUE TO	b) c)			HE TERMIN	AL DISEAS!	E CONDITION (GIVEN IN P.	ART 1(o) 19	WAS AUTOPSY
2	900. C Conditions, if gove rise to imm (o), stoling the couse lost.	ony, which dedicte cause underlying DUE TO	b) c)	Tractured Nec		HE TERMIN	AL DISEASI	E CONDITION (GIVEN IN P.		PERFORMED?
7 STEEL STEE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O	ony, which ediote cause underlying DUE TO	b) D c) NDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH				GIVEN IN P.		WAS AUTOPSY PERFORMED?
CEPTIEI ATION	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O	ony, which ediote cause underlying DUE TO	DODO COLUMN DESCRIBE	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE				GIVEN IN P.		PERFORMED?
CALCEPTIE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ	Ony, which ediote cause underlying DUE TO	ob) oc) notitions coi 20b. Describe Fee 20d. IN	HOW INJURY OCCURRED.	NOT RELATED TO THE CENTER OF INJURY (HO	ry in Port I	or Port II	of item 18.)			PERFORMED?
CA1 CEPTIE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ	ONLY Month, Day, You	ob) oc) notitions coi	HOW INJURY OCCURRED. All down stail BURY OCCURRED FOR STAIL STAI	(Enter noture of injurts) ACE OF INJURY (Hoctory, street, office by	ry in Port I	or Port II	of item 18.) or town)	(6	YE County)	PERFORMED?
CALCEPTIE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O 200. EXTERNAL C PRIMARY MO C CAUSE OF DEATH 200. TIME OF INJ 200. TIME OF INJ 201. TIME OF INJ 201. TIME OF INJ	ony, which ediote cause underlying DUE TO THER SIGNIFICANT COIL AUSE WAS ONTRIBUTING URY Month, Day, You would be seen to the control of the	DODO DESCRIBE POPULATION S CONTROL OF STATE OF	HOW INJURY OCCURRED. All down stail BURY OCCURRED FOR STAIL STAI	(Enter noture of injury) ACE OF INJURY (Hoctory, street, office by	ry in Port I	or Port II	of item 18.)	ı t	County)	PERFORMED?
CALCEDTE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ 21. 1 certify	ony, which ediote cause underlying DUE TO THER SIGNIFICANT COIL AUSE WAS ONTRIBUTING URY Month, Day, You would be seen to the control of the	DODO COLUMN TO THE PROPERTY OF THE PROPERTY O	HOW INJURY OCCURRED. All dom stai BJURY OCCURRED Not while to ot work	(Enter noture of injuing the company of the company	ry in Port I	or Port II	of item 18.) or town)	(¢	County) Carro	PERFORMED? S NO (Stote)
ZAI CEDTIE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ 21. 1 certify death resulted	ONY, which ediote cause underlying DUE TO (C) THER SIGNIFICANT COLONTRIBUTING CONTRIBUTING CONT	DODO COLUMN TO THE PROPERTY OF THE PROPERTY O	HOW INJURY OCCURRED. 11 down stail 1JURY OCCURRED 200. PI Not while of work 2	(Enter noture of injuing the company of the company	ome, form, oldg., etc.)	or Port II	of item 18.) or town)	(¢	County) Carro	(Stote) (Stote)
CALCEDTE	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ 21. 1 certify	ONY, which ediote cause underlying DUE TO (C) THER SIGNIFICANT COLONTRIBUTING CONTRIBUTING CONT	poly poly poly poly poly poly poly poly	HOW INJURY OCCURRED. 11 down stail 1JURY OCCURRED 200. PI Not while of work 2	(Enter noture of injunctions, street, office because, held an Auicide , Hame	ome, form, oldg., etc.)	or Port II 20f. (City Ce	of item 18.) or town)	(¢	County) Carro Diry	(Stote) Md. and find tha
MEDICAL CERTIES	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ 21. I cerrify death resulted ACTUAR SIGNATURE	ONY, which ediote cause underlying DUE TO (C) THER SIGNIFICANT COLONTRIBUTING CONTRIBUTING CONT	poly poly poly poly poly poly poly poly	HOW INJURY OCCURRED. 11 down stail 1JURY OCCURRED 200. PI Not while of work 2	(Enter noture of injunctions, street, office based and pricide , Hame	ome, form, oldg., etc.)	or Port II	of item 18.) or town) adarhura aspectian [andetermined	(¢	County) Carro Diry	(Stote) (Stote)
anesi residen	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ How o. m 2:15 ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ONTRIBUTING URY Month, Day, You that I taak charge of from: Natural Paul F	DODO DESCRIBE Property of the result of the	HOW INJURY OCCURRED. 11 down stai 13JURY OCCURRED Not while of work mains described ab Accident , So	(Enter noture of injuture) (Enter noture of injuture) ACE OF INJURY (Hoctory, street, office butter) ACE OF INJURY (Hoctory, street, office butter) Home ave, held an Augusticide, Ha	ome, form, oldg., etc.) Out of the control of the	20f. (City 20f. City 20f. Ir	of item 18.) or town) adarhure nspectian [ndetermined	(¢	County) Carro Diry	(Stote) Md. and find tha
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2 WEDICAN CERTIFIC	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ 21. I certify death resulted ACTUAR SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMAT REMOVAL (Specil Bull 18	ONTRIBUTING URY Month, Day, You had I taak charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There in the charge of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from: Natural Paul Figure 1992. Date There is a large of from the character is a l	NDITIONS COL	HOW INJURY OCCURRED. All down stai Accident Accid	(Enter noture of injute of	ome, form, Idg., etc.) Partial AUTapsy micide DICAL EXA T MEDICAL EXA IEDICAL EX	20f. (City 20f. (City 20f. (City 30f. (City	of item 18.) or town) darhura nspection [ndetermined R	it.], Inquid cause [County) Carro Diry	(Stote) (Stote) DATE SIGNED (Stote) (Stote)

CHIEF SERVICE The first of the control of the first of the . . · The straight of the state of Shall herythick BUREAU V. S. 4961 TO 90V a law emiliation at the Borkel August, 2757 Floredoug Con. C. Floredoug T. T. Tine P Some, Not a pour tour and the contract of the con M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08410

CERTIFICATE OF DEATH

_	***************************************	00	K.L.V.		_					137. 140.	
	PLACE OF DEATH	roll		MARYI	.AND	2. USUAL RESIDENCE (WHO STATE Maryland	ere decease	d lived. If instituti b. COUNTY	on: Reside		admission)
S	b. CITY OR TOWN (III RURAL ond give ne ykesville	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF o		prote limits, write R	URAL ond	give neares	t town)
	d. NAME OF HOSPITA	AL (If not in hospital, of State Hos	pita]	eddress)		d. STREET ADDRESS 16 Carroll		t /			IS RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)	Fig. Mand		Middle Frances	Der	r Wampler	4. DATE OF DEATH	Mon 8	th	Doy 24	Yeor 19 57
S. 5	F F	6. COLOR OR RACE	7. MARRI WIDOWE	EDA NEVER MARRIE		12-10-1890		9. AGE (In years lost birthdoy) 66 yrs.	Months		UNDER 24 HRS.
	housewill	ing life, even if retired	done 10b. I	CIND OF BUSINESS OF	NDUS	TRY 11. BIRTHPLACE (Stote Marylane		ountry)		J.S.A.	WHAT COUNTRY?
13.	FATHER'S NAME COM	nelius Derr	•			14. MOTHER'S MAIDEN N					
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	social security no. I nkn		S.Hospital R	ecorda	Add	ress		
100	The state of the same of the s	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Sept	e for (o). (b), and (c).		Decubitus Ul	cers			INTERV ONSET WEE	AL BETWEEN AND DEATH
NO	Conditions, if or gove rise to ir couse (o), stoting I lying couse lost. PART II. OTH	the under-)	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	VEN IN PAI	RT 1(a) 19.	WAS AUTOPSY
L CERTIFICATION	20a. ACCIDENT WA					with psych re . (Enter noture of injury in f			dise		PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN While of work	Not while		CE OF INJURY (Home, form lary, street, affice bldg., etc.		y or town)		(County)	(Stole)
	21. I certify the alive on Augu	at I attended the 1st 24,	decease , 1957		death	accurred at 9:40 I	ADDRESS (S	m the causes of	and an i	last saw the date	the deceased stated above. DATE SIGNED 8-25-57
	PHYSICIAN'S NAME (Type)	Edmund Lus	thaus			Sykesville					
	BURIAL CREMATION REMOVAL (Specify)	ang 2	7.5	22c. NAME OF CEME	TERY OF	à Clineton	Russ By REGIS	TION (City, town, trans 24b. REGI	The	GNATURE	(Stote)
5	X.5.11	anels.	٨,,	1100th	MA	coler horas	215 31	-3/ 6.0	Her	Reg E	ver

VS A15 (4) 15M 9/SS

THE STATE OF DEATH fathered wints a new miner the test that follows / which the START BUILDING START shasana in tanan. manufactual to the last our planeties? 是在企业的企业的。1958年,19 BUREAU V. S 2561 7 d3S ECENTE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HEARD TO SERTIFICATE OF DEATH.

BUREAU V. K.

VAC IT 1021

DECENTED

VS. A15ME(5) SM 9/S5

MA	RYLAND ST	ATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18
08412	MEDICAL	EXAMINER '	S CERTIFICATE	OF DEATH

8 (18415 Reg. Dist. No. 3/

o. COUNTY Carro	11		MARYL	AND	2. USUAL RESIDENCE (V		sed lived. If Instit b. COUN		e before odr	nission)
b. CITY OR TOWN III and give necrest town	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (III Baltimore	outside cor		RURAL and gi	ive nearest t	own)
d. NAME OF HOSPIT	AL OR INSTITUTION (II	not in he	ospital, give street address)		d. STREET ADDRESS		A 12 12 1			RESIDENCE
Liberty D	am				3814	Sylva	m Drive	#7		A FARM?
3. NAME OF -DECEASED (Type or print)	First DORO		Middle R.	W	Lost ARFIELD	4. DATE OF DEATH	Augu	st 13,	Day	Year 19 57
5. SEX	6. COLOR OR RACE	7. MARR	RIED A NEVER MARRIED	8. [OATE OF BIRTH		9. AGE (In years	IFUNDER 1Y		
Female	White	WIDOW	ED DIVORCED	Se	ept. 26, 191	17	9. AGE (In years Jost birthday) 39 yrs.	Months Da	lys Hours	Min.
Housewife	ON (Give kind of work d ng life, even if retired)	one 10b.	KIND OF BUSINESS OR IN		Baltimore,	Mary			S.A.	T COUNTR
13. FATHER'S NAME	77.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	1.			4. MOTHER'S MAIDEN N					
	Hildebrand	-				- vemb		E4.3/11	140	
(Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of s		S. SOCIAL SECURITY NO.	1000	ormant Edward G. V	Varfie	1d-3814		Drive	- #7
gove rise to immed (o), stoting the couse lost. PART II. OTH	underlying DUE TO (c)_	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PART 1		ORMED?
20c. TIME OF INJUI Hour o. m.	Month, Day, Your 5/13/579 nat I took charge	Dro 20d. Whi of w	le Not while	PLACE fectory	OF INJURY (Home, form, street, office bldg., etc. rty Dam , held an Autaps de K, Homicide M.D. CHIEF MEDICAL EX	20f. (City 20f.) 20f. (City 20f.) 20f. (City 20f.) 10f. 1	y ar town) nspection [] ndetermined ((County Carrol , Inquiry cause	y) 1 M and	(Sioid)
EXAMINER'S W. NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify) BUTIAT	N. 226. DATE THEREOF		Z2c. NAME OF CEMETER			EXAMINER	TION (City, town,	Contract of	(Ste	ole)
3. FUNERAL DIRECTOR	's SIGNATURE	. 1	ADDRESS	Lona		D BY REGIS		ary land		1.0
Um.g. Tie	BREW THEN	300	AX Pa Ca	200	DATE &	116/	57 1	The y	fr.	+

BUREAU V. S.

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AUG 16 1957

DECENATO

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08413 CERTIFICATE OF DEATH

08416 Reg. Dist. No. 7#

1.	o. COUNTY	.1.T:		MARY	11	o. STATE			l lived. If institut b. COUNTY		ce befor	o admiss	ion)
	b. CITY OR TOWN (If RURAL ond give new Sykesvill	outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TO	own (If or tmins	utside corpor	rote limits, write 1	RURAL ond	give neo	rest town)
	d. NAME OF HOSPITA OR INSTITUTION Springfie	AL (If not in hospitol, g Ld State H	ospi	oddress)		d. STREET AC	DDRESS		1		•		IDENCE FARM? NO 2
3.	NAME OF DECEASED (Type or print)		ard	Middle		WELLS		4. DATE OF DEATH	Augu		Dog 25		Year 1957
5.	Male Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		Sept. 17			9. AGE (In years last birthdoy) yrs.	HONDER Months	1 YEAR Doys	Hours	R 24 HPS. Min.
/ 10	during most of worki	N (Give kind of work on the life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUST		CE (Stote of	or foreign co	untry)		S.A		COUNTRY?
13	Edward D	. Wells, M	.D.			14. MOTHER'S			Mathias				
15	(es, no, at unknown)	IN U. S. ARMED FOR	CES? 16.	HORCE		FORMANT Springfi	eld H	lospit	al Recor	ds	SAM		
NO.	PART I. DEAT / 5 / X Conditions, if on gave rise to im couse (o), stoting the lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO IV. which (b) Immediate the under- (c)	, Ca	e for (o), (b), and (c). arcinoma of	the			NAL DISEASE	CONDITION GI	VEN IN PAR	Mo	et AND nths	DEATH
CERTIFICATION	Mental De 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []		CRIBE HOW INJURY OF	CURRED.	(Enter noture of	injury in P	ort I or Port	II of item 1B.)				RMED? NO 🍱
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Nat while	2Ge. PLAC facto	CE OF INJURY (H pry, street, office	ame, farm, bldg., etc.)	20f. (City	or tawn)	(1	County)		(State)
	actual signature	lauthy H	- Jo	ed from July 27, ond that Month of Manual Confederate Manual Confedera	deoth o	occurred ot_	5:30F ngfie	M, from ADDRESS (Str 21d St	the couses of the couses of the couses of the couse of the couses of the couse of	ond on t	lost sa he dat	e state	deceosed ed above. ATE SIGNED 26/57
22	Po. BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ION (City, town, stminst		Md.	(Stote	r)
23	John R.		Wes	ADDRESS tminster,			24o. REC'D	BY REGISTA	RAR 24b. REGI	STRAR'S SIG		lu	J

Marchael will MERCE SONS POWER . . . The April II the Mill

BUREAU V. S.

AUG 28 1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S				
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DEGETY FIL		,	(a d d d	0 0

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08419
FOR STATE HEALTH DEPT.	Reg. Disf. No.
HEALIN DEFT.	1. PLACE OF DEATH Q. COUNTY Q. COUNT
Poge les.	CARROLL MARYLAND STATE MARYLAND 6. COUNTY CARROLL
Files. Health	b. CITY OR TOWN If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
der Hor.	ond give naciest (sum) WEARS 77 WESTER
dy ress	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS e. IS RESIDENCE
00 000	ON A SAPV2
	335 E MAIN ST YES NO IN
tol tol	3. NAME OF DECEASED ALL ALL DATE Month Day Year OF OF DECEASED
	(Type or print) ANNA REBECCA WOLFE DEATH AUG 25 1951
of the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 14EAR IF UNDER 24 1485.
M 3 t	WIDOWED DIVORCED 194120 - 1873 8 4 yrs. Months Days Hours Min.
ho by	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country)
2. 2. 000 on 000 000 000 000 000 000 000 000	during most of working life, even if retired)
3-0-5	SCHOOL TEACHER TEACHER MARYLAND USA
S of M3.	13. FATHER'S NAME
Poor Poor	DANIEL WOLFE SUSAN HAINES
ive jive	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) 1 (II yes, give wor or dotes of service)
on the Go	NO NONE ANY WOLFE WESTMINSTER
E.E.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
d d d	PART I, DEATH WAS CAUSED BY: 0 C 6 7
al, all	IMMEDIATE CAUSE (6)
ror ovo	42.1 DUE TO
o o o o	Canditions, if ony, which (b) gove rise to immediate cause
d b	(a), stating the underlying DUE TO
0 0 0	cause last. (c)
xor xor aling	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Sed of the sed	PERFORMED? YES NO V
d o o	
Me d b	206. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH ()
This	
# 4 Ch + 5	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or fown) (County) (State) Hour a.m. While Not while of work at work at work at work at work at work at work.
N S e e e	p. m. 19 of work at work
Port	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ond in my
R: R:	opinion deoty resulted from: Notural causes X, Accident , Suicide , Hamicide , Undetermined manner
ogo og	
REG ed	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL DATE SIGNED
MED Car	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
Sig	EXAMINERS, C
5 2 2 7	NAME (TYPE) & AMES 1. IVIARSH DEPUTY MEDICAL EXAMINER OF TO ST
sh sh	220. BURTAT, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
00400	BURILI AUC 31-1957 MT VIEW VINIAN BRIDGE MA

execute if a shaul TO FUNE VS. A15ME 5M 2/57

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ADDRESS

MT ADDRESS

DATE 8

240. REC'D BY REGISTRAR

BRIDGE
24b. REGISTRAR'S SIGNATURE

BUREAU V. E. 255 3 1025